



State of California
Secretary of State

Form LP-1

CERTIFICATE OF LIMITED PARTNERSHIP

IMPORTANT—Read instructions on back before completing this form

This Certificate is presented for filing pursuant to Section 15621 California Corporations Code.

1. NAME OF LIMITED PARTNERSHIP

The E and H Second Family Limited Partnership, a California Limited Partnership

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

CITY AND STATE

ZIP CODE

10190 Bret Avenue

Cupertino, California

95014

3. STREET ADDRESS OF CALIFORNIA OFFICE IF EXECUTIVE OFFICE IS IN ANOTHER STATE

CITY

ZIP CODE

CA

4. COMPLETE IF LIMITED PARTNERSHIP WAS FORMED PRIOR TO JULY 1, 1984 AND IS IN EXISTENCE ON DATE THIS CERTIFICATE IS EXECUTED.

THE ORIGINAL LIMITED PARTNERSHIP CERTIFICATE WAS RECORDED ON _____ 19 ____ WITH THE RECORDER

OF _____ COUNTY. FILE OR RECORDATION NUMBER _____

5. NAMES AND ADDRESSES OF ALL GENERAL PARTNERS: (CONTINUE ON SECOND PAGE, IF NECESSARY)

A. NAME: Emily Chen

C. NAME:

ADDRESS: 10190 Bret Avenue

ADDRESS:

CITY: Cupertino STATE: CA ZIP CODE: 95014

CITY: STATE: ZIP CODE:

B. NAME:

D. NAME:

ADDRESS:

ADDRESS:

CITY: STATE: ZIP CODE:

CITY: STATE: ZIP CODE:

6. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS:

NAME: Emily Chen

ADDRESS: 10190 Bret Avenue

CITY: Cupertino

STATE: CA

ZIP CODE: 95014

7. ANY OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE NOTED BY REFERENCE HEREIN ARE A PART OF THIS CERTIFICATE.

NUMBER OF PAGES ATTACHED:

0

8. INDICATE THE NUMBER OF GENERAL PARTNERS SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, RESTATEMENT, DISSOLUTION, CONTINUATION AND CANCELLATION.

NUMBER OF GENERAL PARTNER(S) SIGNATURE(S) IS/ARE:

1

(PLEASE INDICATE NUMBER ONLY)

9. IT IS HEREBY DECLARED THAT I AM (WE ARE) THE PERSON(S) WHO EXECUTED THIS CERTIFICATE OF LIMITED PARTNERSHIP WHICH EXECUTION IS MY (OUR) ACT AND DEED. (SEE INSTRUCTIONS)

SIGNATURE

SIGNATURE

General Partner

10-23-95

POSITION OR TITLE

DATE

POSITION OR TITLE

DATE

SIGNATURE

SIGNATURE

POSITION OR TITLE

DATE

POSITION OR TITLE

DATE

10. RETURN ACKNOWLEDGEMENT TO:

NAME

Emily Chen

ADDRESS

10190 Bret Avenue

CITY

Cupertino

STATE

California

ZIP CODE

95014

SEC/STATE REV. 1/93

FORM LP-1 -- FILING FEE: \$70.00
Approved by Secretary of State

THIS SPACE FOR FILING OFFICER USE

9530400008

FILED

In the office of the Secretary of State
of the State of California

OCT 30 1995

Bill Jones
BILL JONES, Secretary of State